

PERSONAL CARE SERVICES PROGRAM PRE-ADMISSION SCREENING (PAS)

INSTRUCTIONS

NOTE: PC Agency use of PC Services PAS is only to be completed in situations where PC RN suspects member is no longer medically eligible for PC Services. PC RN is to complete PAS and enter it into PC UMC web portal. UMC will make final determination about medical eligibility.

When completing the PAS for Personal Care the following definitions and guidelines must be followed:

At the top left under Reason for Screening:

Check Personal Care Reevaluation

At the top right:

Fill in your name or agency name

Agency Address

Contact Person

Phone Number and Fax Number

I. Demographic information:

Numbers 1 to 19 All areas must be completed.

All information in this section deals directly with the member who is being assessed for services.

Number 12: If there is no Spouse put N/A.

Number 16: If the person is a recipient of Medicaid Waiver Services, mark which Waiver he/she is receiving.

Number 18: This form **MUST** be signed and dated by the member, legal representative, or person acting for the applicant. If someone other than the member is signing the document their relationship must be documented.

II. Medical Assessment:

Numbers 20 to 29: All areas must be completed unless noted below.

Number 21: Nurse may choose to do vital signs if he/she wishes.

Number 22: If there are no abnormalities, put N/A at the end of the list.

Number 23: If there are no Medical Conditions/Symptoms, put N/A at the end of the list. Number 26: The following definitions must be used when completing this section.

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If evaluating a minor child, consider if the activity is one which is considered a normal child care activity performed by a parent or guardian of a child of a similar age.

1. Eating:
 - a. Self/prompting: supervision and/or cueing to eat a meal.
 - b. Partial assistance: includes the cutting up of meat on a plate or setting up a plate. Partial assistance cannot be marked as a duty to be performed under the Personal Care Services program for children ages three (3) to seven (7) years.
 - c. Total assistance: includes placing food on a utensil and placing the food in the member's mouth, prompting member to chew and swallow. Children from birth to three (3) years old require total assistance from their caretaker therefore, this could not be marked as a duty to be performed under the Personal Care Services program.
2. Bathing:
 - a. Self/prompting: supervision and/or cueing the member to bathe and the type of bath; shower or tub.
 - b. Partial assistance: hands-on-assistance with an activity; however, the member can participate to a limited degree.
 - c. Total assistance: hands-on activity where the member is incapable of participating in the activity and the provider must perform all aspects of the service. (Does not apply to children under the age of 3).
3. Dressing:
 - a. Self/prompting: supervision and/or cueing when to dress and what clothes to select.
 - b. Partial assistance: assisting member to lay out clothes, helping member put clothes on. Member can dress him/herself but needs hands-on assistance with buttons, zippers, bra, getting underwear and/or pants started and/or pulled up, socks and/or shoes.
 - c. Total assistance: hands-on. Requires provider of service to completely dress the member from laying out clothes to physically putting on all apparel.

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4. Grooming: includes routine skincare and care of hair, nails, teeth and mouth.
 - a. Self/prompting: supervision and/or cueing of skincare and care of hair, nails, teeth, mouth.
 - b. Partial assistance: hands-on assistance with an activity; however, the member can participate to a limited degree.
 - c. Total assistance: hands-on activity where the member is incapable of participating in the activity and the provider must perform all services.

5. Skincare: application of special lotions for psoriasis, skin breakdown or other medically recognized skin conditions. *Routine skincare such as applying body lotion after bathing and application of suntan lotion is not considered medically necessary.*

6. Incontinence Bowel or Bladder/Toileting: diapering would not apply to babies up to three (3) years old. Incontinence hygiene can be provided for a child over age 5 or adults.
 - a. Self/prompting: supervision and/or cueing for toileting and maintaining continence.
 - b. Partial assistance: hands-on assistance such as assisting on and off the toilet, bedpan, commode. Not necessary for provider to clean member. Cleaning of commode chair.
 - c. Total assistance: hands-on. Physically placing member on toilet, cleaning member after completing elimination and return to chair, bed, etc. Cleaning of commode chair.

7. Orientation:
 - a. Oriented: Member is oriented to date, time, place, name, etc. (Does not apply to children under the age of 3).
 - b. Intermittent Disoriented: Member has periodic episodes of not knowing date, time, place, name, etc. (Does not apply to children under the age of 3).
 - c. Totally Disoriented: Member has no knowledge of date, time, place, name, etc. (Does not apply to children under age of 3).
 - d. Comatose: Unconscious

8. Transferring:

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- a. Self/prompting: supervision and/or cueing of a member transferring from bed to wheelchair, chair to toilet, etc.
 - b. Partial assistance: hands-on assistance with an activity: however, the member can participate to a limited degree by holding onto the Direct Care Worker.
 - c. Total assistance: hands-on activity where the person is incapable of transferring safely without assistance of Direct Care Worker.
9. Walking: to bill time for this activity on a Plan of Care, the member needs to be rated a level 2 on the PAS indicating partial assistance.
- a. Self/prompting: Walks unassisted
 - b. Partial assistance: Member needs supervision to assure safe ambulation or hands-on equipment assistance such as getting the assistive device for the member or safely setting up the equipment for the member to ambulate.
 - c. Total assistance: Member requires hands-on assistance from the DCW to safely ambulate.
10. Wheeling:
- a. Self/prompting: member can push or operate own wheelchair but needs prompting or cueing to move to certain tasks. Needs assistance with loading and unloading wheelchair.
 - b. Partial assistance: hands-on assistance with maneuvering wheelchair in tight spaces, up and down ramps, loading and unloading, etc.
 - c. Total assistance: hands-on activity where the member is incapable of wheeling, loading and unloading without assistance of Direct Care Worker.
11. Vision/Hearing:
- a. Impaired/Correctable: Impairment of the member's hearing and/or vision, however it is correctable with eyeglasses, hearing aid, etc.
 - b. Impaired/Not Correctable: Member's vision and/or hearing is impaired and not correctable using eyeglasses, hearing aid, etc.
12. Communication:
- a. Impaired/Understandable: Member can communicate, however must have assistance related to murmuring, stammering, etc.
 - b. Understandable with Aids: Member can communicate, however must have assistance either by a communications device such as a computer, speech board, family member, etc.

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- c. Inappropriate/None: Member either cannot communicate at all or when he/she does it is inappropriate to the situation being addressed.

Number 27: If there are no professional and technical care needs for the individual note N/A in this section.

Number 28: If the individual is not taking any medications, document N/A in the Comments section.

III. MI/MR Assessment:

Numbers 30 to 34: All areas must be addressed. Again, you are only addressing the individual who you are assessing.

Number 34: If the applicant has not displayed any of these behaviors in the last two years, put N/A at the end of the list.

Physician Recommendation:

Numbers 35 to 39 can only be completed by a M.D., D.O., Physician's Assistant or Nurse Practitioner who must sign and date the forms. The signature must be an original signature.

Eligibility Determination:

Numbers 40 to 44: The agency RN completes this section only AFTER the M.D., D.O., Physician's Assistant, or Nurse Practitioner signs and returns the form. The signature of the RN must be an original signature and the form must be dated.

COMPLETED PAS MUST BE UPLOADED WITH A COMPLETED PHYSICIAN CERTIFICATION FORM INTO THE UMC WEB PORTAL FOR DETERMINATION OF MEDICAL ELIGIBILITY. PC RN MUST CALL KEPRO AND/OR FAX DOCUMENT TO KEPRO AT 1-844-794-6729.